S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE Every item of information should be CAUSE OF DEATH in plain terms, simportant. See instructions on back o m. ż

1 PLACE OF DEATH County Cecif  Village or City Ellem (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  weel Barrett  It death occurred to a hospital or Institution, give its NAME tostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Will Single,  Married,  Wooden or	16 DATE OF DEATH  (Morch) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
TAGE  AGE  AGE  AGE  AGE  AGE  AGE  AGE	that I last saw h alive on 191
TAGE  Stell born 1 day, hrs.  yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	Couration) yrs mos ds.
9 BIRTHPLACE (State or country) Elkim hud	Contributory arm mescatites - Thangeles of Cond Secondary
11 BIRTHPLACE OF FATHER (State or country)  W 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER O	(Signed) Muhu Michell, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Inhungh Del	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, IN
(Informant) 2 Connect & Parett	Where was disease contracted, If not at piace of death?  Former or usual residence
15 Filed Sight 6 1915 Johns Frager	PLACED F BURIAL OR REMOVAL DET OF BURIAL 1915

If more blanks are needed, address State Registrat E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupatious gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL peritonitis," ete. childbirth or misearriage as "Puerperal septichae" eause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eansing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can ture of the American Medical Association.) eanse of death approved by Committee on Nomenela. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the Bronchopneumonia (seeoudary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



PLACE OF DEATH	STATE OF MARYLAND
County CCCCC	CERTIFICATE OF DEATH
Village or City Eletton Marine,	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrial Color or RACE   5 SINGLE, MARRIEO, WIOOWEO OR OIVORCEO OR OIVORCEO OR OIVORCEO	16 DATE OF OEATH // ,1915 (Nonth) (Day) (Year)
6 DATE OF BIRTH	IT HEREBY CERTIFY, That I attended deceased from 1914, to 1913,
(Month) (Day) (Year)	that I last saw her alive on left 10 , 191 5,
7 AGE  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 12 41 m.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or Servered particular kind of work	Chris Veutonila -
(kb) General nature of industry business, or establishment in which employed (or employer)	(Quration) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) May Cand	Secondary Secondary Texture Te
10 NAME OF FATHER no informalin	(Signed) T. Muhan Maletiel M. O.
11 BIRTHPLACE OF FATHER (State or country) 20 richmaln  12 MAIOEN NAME OF MOTHER  21 MAIOEN NAME OF MOTHER  22 MAIOEN NAME OF MOTHER  23 MAIOEN NAME OF MOTHER  24 MAIOEN NAME OF MOTHER  25 MAIOEN NAME OF MOTHER  26 MAIOEN NAME OF MOTHER  27 MAIOEN NAME OF MOTHER  27 MAIOEN NAME OF MOTHER  28 MAIOEN NAME OF MOTHER  29 MAIOEN NAME OF MOTHER  20 MAIOEN NAME OF MOTHER  20 MAIOEN NAME OF MOTHER  21 MAIOEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of Mother in ridgement	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs In the 24
(State or country)	of death
(informant) Itospilal record	if not at place of death?
(Address) Slkin Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Syll 1/The 1915 & Fraus Frager	20 UNDERTAKER Vinney A Frin Elicius
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part of the second statement. Never return "Iaborer," write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, hirst line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, Stationary fireman, etc. But in many eases, If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenelature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merelý symptomatic), "Atrophy," "Collapse," "Conna," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; " "Old Age," "Shock," "Uracmia," "Weakness," or misearriage by railway train-accident; Revalver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which (Recommendations Never report mere "Exhaustion," important. wound of



S. G

1 PLACE OF DEATH

County.	beeig 15461 (	CERTIFICATE OF DEATH Registration Dist. No. 92
Village	or City Elstone (No. ).	St.; Ward)  [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Seff (Month) (Day) (Year)  17 A HEREBY CERTIFY, That Lattended deceased from
6 DATE	OF BIRTH  July  (Month)  (Day)  (Year)	that I last saw he alive on Left 15, 1910
7 AGE	If LESS than 1 day, hrs.  yrs. 2 mes. ds. OR min.?	and that death occurred on the date stated above, at
particu (h) G husine which	rade, profession, or  ular kind of work  deneral nature of industry  iss. or establishment in  employed (or employer)  HPLACE  tate or country)	(Buration) yrs. mes. 14 ds  Contributory Secondary  (Ouration) // fis / mes. ds
RENTS	D NAME OF FATHER ON THUM Bruelly  BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME  OF MAIDEN NAME	(Signed). WHILE MICHELY M. 0  State the DISFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL Or HOMICIDAL.
0. 14 THE	BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death of death of death of the state of death
(Inf	(Addicts) Arafutat Recads	Former or usual residence  19 PLACE OF BURIAL OR REMOYAL  Sept 17
Filed C	Sell 17, 1945 A Paris Brasen  Begistran  Off more blanks are needed, address State Registran,	20 UNDERTAKER  Virging & Popular St. Address  Elkton Mal  16 W. Saratoga St., Balton, Requesting V. S. No. 1.

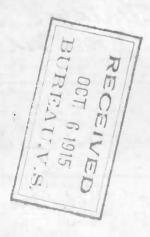


[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salcsman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part At home. Care should be Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deathis "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichuemia," The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," important.



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PERMANENT

should OCCUPATION PHYSICIANS that it may certificate. 10 uo plain instructions 2 DEAT See jo PO mportant. ш Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospitel or institution. give its NAME Insteed of street end nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than 1 dey ..... hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or partigular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ., 191J .... (Address) ... ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Al piece OF MOTHER (State or country) in the of deeth \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ \_ ds. State \_\_\_\_\_ yrs.\_\_ Where was disease contracted. MY KNOWLEDGE if not at piece of deeth? Former or (informant)usuel residence. 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Jever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculciss of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Scnile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report 01



11

	village or City Caciffre (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Year)  17   HEREBY CERTIFY. That   attended deceased from
	6 DATE OF BIRTH  (Month)  (Day)  (Year)	much ,1915, to 9, /7 ,1915,
	7 AGE  1 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 32 m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession, or particular kind of work  (b) General nature of lodustry	Monie moneletis
	business, or establishment in which employed (or employer)	(Durstlon) 3 yrs. mos. ds.
	9 BIRTHPLACE (State or country) Juliuguns (J. M.	Contributory Secondary  (Buralisa) yrs mes 4s
	10 NAME OF Am & Hopleshaus	(Signed) Esod N. Granford M. O. 9/8, 1915 (Address) Lo Lection med
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, Dr. in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country Queen Queen Co. M. C.	AR LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the state of the state o
	(Informant)	Where was disease contracted, If not at place of death?
	16 9/8 THIS INC	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ST. 1915
1	Filed , 191 Registrar	John & Coffage Sciller Ind

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state oeeupation at beginning of illness. engaged in domestic service for wages, as Scrvant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, taken to report specifically the occupations of persons of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of oecupa-Compositor, Architect, Locomotive engineer, Civil ter, Stationary fireman, etc. But in many eases, very important, so that the relative healthful-For persons who have no oeeupation whatever, If the oecupation has been changed Never return If retired from "Laborer," (b) Auto-

CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, mcmin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL seplichuemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy,": "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," nound of

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECLEVED OCT 61915 BUREAU,V.S.

Go	unty Cleck 15464	CERTIFICATE OF DEATH Registration Dist, No.
Vill	lage or City Colord (No	St.; Ward)  [It death occurred a hospital or institution give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 A CO (a) par (b) bus whi	MARRIED White Wood Wood Wood OR OR DIVORCEO (Write the word)  ATE OF BIRTH  Jan 4, 1876  (Month) (Day (Year)  It LESS than f day, hrs.  OR min.?  CCUPATION Orade, profession, or the finite of industry, liness, or establishment in chemployed (or employer)	16 DATE OF DEATH  (Month)  (IDay (Year  17 I HEREBY CERTIFY, That I attended deceased f  (IDay (Year  18 DATE OF DEATH  (North)  (Day (Year  19 Deceased f  19 Deceas
PARENTS	10 NAME OF FATHER W Brunfield  11 BIRTHPLACE (State or country) beed by ma  12 MAIDEN NAME OF MOTHER Sarah Meshit  13 BIRTHPLACE OF MOTHER (State or country) beed by Maiden NAME OF MOTHER (State or country) beed by Maiden NAME OF MOTHER (State or country) beed by Maiden NAME OF MOTHER (State or country) beed by Maiden NAME OF MOTHER (State or country)	(Signed)  *State the DISEASE CAUSING DEATH, Or, in deaths from Vior CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI.  **TAL, SUICIDAL, OF HOMICIDAL.  **BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OF RECENT RESIDENTS)  At place In the Of death yrs. mos. ds. State yrs, mos.
	ASLOM PONNING ON REGISTRAR	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Mest Nottinghow Sept 35, 199  20 UNDERTAKER  LOCATION Requesting V. S. No. 1

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nisease of persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease causation with respect to time and causation with galways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. Accidental drowning; Struck by railway trainis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of dcath), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVAD 0CT 4 1915 BUREAU, V.S.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
County 1 Coul	CERTIFICATE OF DEATH
	Registration Dist. No. 72
Village or City Elfstin (No. (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Jevin O	Of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Wirte the word)  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Jan. 1. 1915 1914 to Ocht 5 191
(Month) (Day (Year)	that I last saw h Availve on Sept 4 1915
(Month) (Day (Yeg/t)	and that death occurred on the date stated above, at # # # m.
7 7 mg da 1 day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION STEEL	(f) -f
(a) Trade, profession, or particular kind of work	Ungana illurio
(b) General nature of industry.	- 2
business, or establishment in which employed (or employer)	(Gration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF	(Duration) yrs mos ds.
FATHER OM Casasas	(Signed) Amb Calcotly, M. D.
11 BIRTHPLACE OF FATHER	, 191 (Address) Clother me
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
MA OF MOTHER OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not af place of death?
(Informant) / WMW Caucism	Former or usual residence
(Address) Ellth Mel	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 (1) 1/2 7	Wose Jacop Curty Seft 8, 191 1-
Filed Meg le , 181 & Fraus Joys	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	rar, C. Franklin St., Balto, Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persous engaged in domestic service for wages, as gainfully employed, as At school or At home. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst live will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precisc statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," cause for For VIO-



[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," The material worked on may form part Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as Accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anuemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL perilonitis," etc. birth or misearriage as "PUERPERAL septichaemia," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childtrain—accident; Revolver State cause for which Never report mere wound of



S. No. 1. >

la .			14 - 2 - 4 - 7		
	PLACE OF DEATH	15467		STATE OF MAR	YLAND
	Cecil	10101		CERTIFICATE O	
Count	- 4 4		(91)	n and a new	No 92
	SOLL		0	Registration Dist	. No
Villag	e or City O CRUON	(No,		(\$t.; Ward)	[If death occurred in a hespital or institution.
	700	L L	. 0	//).	give its NAME Instead
	2 FULL NAME	argarel	<u>U.</u>	Maper	of street and number.]
	PERSONAL AND STATISTICA	L PART CULARS		MEDICAL CERTIFICATE O	F DEATH
BEX	A GOLONOR HACE	ARRIED .	16 DATE OF	DEATH Sept.	21 1015
Hor	nale Waite 8	R DIVORGED I COU		(Month)	(Day) (Year)
6 DAT	^	7744 tile worth)	= 17 0 14	EREBY CERTIFY, That I atto	anded deceased from
6 DAT	Hol	ry 7 183.	3	4, 191. 5, to	, 191 3
	(Month)	(Day) (Year	that last	whell alive on	9 2 191 5
7 AGE		It LESS tha	and that de	ath occurred on the date sta	tod above, atm.
	82	1 day, hr	The Caller	OF DEATH * was as follow	<b>8:</b>
	CUPATION		_	+	70
B oc	CUPATION Trade, protession, er ilcular kind of werk	one	- 00	Musio- Si Cli	rous
(b)	General nature of ledustry			••••••••••••••••••••••••••••••••••••••	
whice	noss, er establishment in h employed (er empleyer)			(Berelien)	O yre. mee. de
	RTHPLACE (State or country)		Contribu	itory	Α
	(State or country)	nd.	500011481	1 (Burallea)	a met for de
	10 NAME OF H	10:00	(Signod)	J. When We	weall.
(0	Thos.	Milburn	- 9/5	21 - 80	loto mis
ARENTS	11 BIRTHPLACE OF FATHER	b, A	· Stat	e be Disease Causing Death, or	in deaths from VIOLENT
<u>ا</u>	12 MAIDEN NAME	10.	CAUSRS, SUICIDAL	e he Disease Causing Drate, or, thate (1) Means of Injury; and (2) or Homicinal.	) whether Accidental,
	OF MOTHER (atla)	rine Welch	18 LENGTH C	FRESIDENCE (FOR HOSPITALS, I	NSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE	1	OR RECENT	r REGIDENTS)	
	(State or country)	le.			yrs mee de
14 TH	E ABOVE THE TO THE BEST OF	MYKNOWLEDGE		of death?	
(	Informant) Gaward	Maper	Former or usual residence		***************************************
	80h	ton, md.	19 PLACE OF	BURIAL OR REMOVAL	DATE OF BURIAL
-	(Address)	0	- Elkt	on Cemetery	9/23,1015
16	9/23,1015	Frances	20 UNDERT	AKER O	ADBASSS 1 1
Luci	, 101	REGISTRAR	Virisi	half & eppin	Elkelon
	If more blanks are n	eeded, address State Registra	r, 16 W. Saratoga	St. Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic scrvice for wages, as Servant, Cook taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the pisease causing death—Name, first, the pisease causing death—Name, first, the pisease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," Example: Measles (discase causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or "Anaemia" (merely symptomatic), "Atropny, "Anaemia" (merely symptomatic), "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably cause. Always qualify all diseases resulting from childrent) affection need not be stated unless important. or misearriage as "Puerperal seplichaemia," "Senile," etc.), "Dropsy," The contributory (secondary or intercur-"Atrophy," Never report mere "Exhaustion," ACCIDENTAL, ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 6 1915
BUREAU, V.S.

1 PLACE OF DEATH .

County Cecil 15468	CERTIFICATE OF DEATH
Village or City Selkin Main, H 2 FULL NAME Milliam Dr	Registration Dist. No. 92  Thelal st; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE DEATH
ncale Sketh Single, MARRIED, WIDOWED OR DIVORCE (Write the word)	(Month (Day) (Year)  17 A HEREBY CERTIFY, That lattended deceased from
GDATE OF BIRTH aug 16 1915-	any 16, 191 5, to Leplent 5, 1915
7 AGE (Moyth) (Day) (Year) 1 day, hrs.	and that death occurred on the date stated above, at 104,m.
B OCCUPATION (a) Trade, profession, or particular kind of work  Notary	Maluetelm
(b) General nature of Industry business, or establishment in which employed (or employer)	Contributory The Premaleus Fref
(State or country) Elkh ned.	(Signed), Haulen Metchell M. D
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  THE PLACE OF FATHER (State or country)  14 MAIDEN NAME OF MOTHER  THE PLACE OF FATHER (State or country)  The place OF FATHER (State or country)  The place OF FATHER (State or country)  The place OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the state of death yre. mes. 20 ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death?
(Address) Seh. Mill, his	Doulders Ropel Supt 1911
Filed 1916 Taun Day	18 W Services St. Rates Requesting to S. No. 1
and business are needed, address blace registrar,	TO TO THE THE PARTY OF THE PART



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon know (a) the kind of work and also (b) the nature of the write None. Housemail, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer,"-etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, But in many cases, The question (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths birth or misearriage as "PHERPERAL seplichaemia," etc., when a definite disease can be ascertained as the mus, genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, perilonacum, etc., Corcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic vulvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Nomenclature of the American Medical Association.) "," "Old Age," "Shock," "Uracmia," "Weakness," by railway The nature of the injury, as fracture of skull, Always qualify all diseases resulting from ehild-The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Exhaustion,"



LY. PHYSICIANS Exact statement of		e or City Rising Sun (No.	CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  [If Geath occurred in a hospital or institution, give its NAME instead of street and number.]
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD Every item of information should be carefully supplied. AGE should be stated EXACTI should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EOCCUPATION is very important. See instructions on back of certificate.	7 AG 8 OC X par (b bus whi 9 BI	TE OF BIRTH  September 3 11915  (Month) (Day) (Fear)	MEDICAL CERTIFICATE OF DEATH  (Month)  (I) (
S. S	File	M. Halland REGISTRAR	20 UNDERTAKER ADDRESS  W C Jackson Blythedale  16 W Service Pt. Police Proposition V S No V

BINDING

FOR

MARGIN RESERVED

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Tealer," etc., mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OUT 4 1915

BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED V. S. No. 1.

YSICIANS	Coun		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9
CALY PH	Villag	ge or City Mean Harts (No. Men	[If death occurred in a hospitat or institution, give its NAME instead of street and number.]
iffied		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
itated Ely class	3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED Write the word	16 DATE OF DEATH Sent (Month) (Day) (Year)
Cat	6 DA	TE OF BIRTH 1/2 (14 form atrois	17 I HEREBY CERTIFY, That I attended deceased from
hould be pro		(Month) (Day) (Year)	that I last saw h alive on 191 ,
AGE s it may back of	7 AG	Moinformation 1 day, hrs.  yrs. mos. ds. OR mln.?	and that death occurred on the date stated above, at
so that	S OCCUPATION (a) Trade, profession, or day labbor particular kind of work (b) General nature of lodustry business, or establishment in which emplayed (or employer)		Street with cramps
refully sup in terms, s instruction			(Durellon) yrs mos ds.
carefulain te	9 81	RTHPLACE (State or country) Maryland	Contributory Secondary  (Burallon) yrs mos de
S		10 NAME OF Stephen Johnson	(signed) 11th & Dean Coroner .
on should DEATH mportant	RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 Mayland	*State the DISEASE CAUSING DEATH, for in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUIGIBAL OF HOSIGIBAL.
E OF E	PAF	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
vUS is v		OF MOTHER (State or country) Maryland	At place In the of death
m of in		(Informant) Mary Lambor Desth East	if not at place of death?
Every iten should sta OCCUPAT		(Address) Elh Rech Routhis.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Near 7+arls Elk neck Sept 24, 1915
BEv	15 File	od Salvis 1915 Jorcus Frager	20 UNDERTAKER ADDRESS EKKlon Ind
z		If more blanks are needed, address State Registrar, 1	



[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Loborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crovery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used engineer, Stotionory firemon, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, For persons who have no occupation whatever Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated heod-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valvulor heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichuemia," The nature of the injury, as fracture of skull railway troin-accident; Revolver The contributory (secondary or intereur-"Dropsy," State cause for which Never report mere "Exhaustion, nound



V. S. No. 1.

N

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important. S

RECORD

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or institution give its NAME lostead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male whele (Write the word)	16 DATE OF DEATH  Month)  (Day (Year)  17  I hereby Certify, Twat I attended deceased from
6 DATE OF BIRTH  June 21 , 1838  (Month) (Day (Year)	that, I last saw h / M alive on St. of 1915,
7 AGE (Month) (Day (Year)  1 LESS than 1 day, hrs. 2 mos 2 ds. OR min.?	and that death occurred on the date stated above, at 4 9 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Chroni Miphinas
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Contr
10 NAME OF FATHER Samuel Relley  11 BIRTHPLACE OF FATHER (State or country) Dancer Coo Pa  12 MAIDEN NAME	(Signed)  (Signed)  (Signed)  (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Cecil les MA  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Laura E Kelley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs ds. State yrs ds  Where was disease contracted, If not at place of death? former or usual residence.
(AGHTESS) Post Depose Md 15 Filed Aft, 15, 191 J. J. Roameron REGISTRAR	Hopewell Cemely Sept 15th, 1915 20 UNDERTAKER Slater B Jerl Colora MA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

genital," injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-



PERMANENT

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UNFADING

WITH

WRITE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH PROL should OCCUPATION IS Registration Dist. No. PHYSICIANS lit death docurred in .....Ward) a hospital or institution. give its NAME instead of street and nomber.1 0 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED Ina Vical 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classified. (Month) Day (Year) 7 AGE D If LESS than 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 .ds proper ы BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in may which employed (or employer) BIRTHPLACE Contributory certifica Secondary (State or country) that (Doration 10 NAME OF FATHER 80 90 back 11 BIRTHPLACE terms, ARENT \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) HO 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE u At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State ..... yrs. \_ I EAT Where was disease contracted. KNOWLEDGE If not at place of death? 50 0 Former or Item OF usual residence mportant. Every Its DATE OF BURIAL 15 ADDR 0 REGISTRAR 0 ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations guinfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer, "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If rethred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligaffection need not be stated unless important. Exoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, telanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Scnile," etc.), (Recommendations on statement of (discase causing death), 29 ds.; "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT. 6 1915 ...

BUREAU, V.S.

N.B.

PLACE OF DEATH 15473	STATE OF MARYLAND CERTIFICATE OF DEATH
County Of A A O A	Registration Dist. No. 9/
Village or City & Mesafeare (No. Ch., 2 FULL NAME Mary Ellen Z	St.; Ward)  [If death occurred in a hespliad or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married Widows (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17   HEREBY CERTIFY, That   attended deceased from
6 DATE OF BIRTH	Jun 20 ,1915, to left 1915.
(Month) (Day) , 1 (Year)	that I last saw ha alive on along 31 1915,
7 AGE If LESS than	and that death occurred on the date stated above, at 5 cm.
6 8 yrs. 8 mes. ds. OR min.?	The CAUSE OF DEATH * was as follows:
X (a) Trade, profession, or Appropriate Kind of work	Sopuralise of Valentin
(b) General nature of industry business, or establishment in which employed (or employer)	(Quration) yra. 4 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Jacob Worts	(Signed) Meeker ourcy M. O.
U BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
C 12 MAIDEN NAME Mary Vary Boxe	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of desth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not all place of death?
(Informant) 13em ti to give	Former or usual residence
(Address) Chesafeak Cely	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3, 1915
Flied, 191	29 UNDERTAKER ADDRESS
REGISTRAR	Querregus office   Ochur

If more blanks are needed, address State Registrar, 16 W. Saratoga St./Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servout, Cook, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary firemon, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many oecupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, If retired from without more (b) Auto-

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on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Marasor miscarriage as "PUERPERAL The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never septichaemia," report mere



### PERMANENT 4 UNFADING INK-THIS IS PLAINLY. WITH

S. No. 1.

RECORD

PHYSICIANS should state of OCCUPATION is very Exact statement EXACTLY. stated properly classified. should carefully supplied. certificate. of information should be c DEATH in plain terms, so See instructions on back of See Instructions CAUSE OF Important. S ż

1 PLACE OF DEATH (No ....



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[it death occurred la a hospital or Institution,

FULL NAME Lengra Lynch	of street and numbar.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OPDIVORCED (Write the Word)	18 DATE OF DEATH 2 , 1915 (Nonth) (Day (Year)  1 HEREBY CERTIFY, That I attended deceased from	
Systemster 18, 1846 (Month) (Day (Year)	that I last saw h 2 allve on 32 1 10, 1910	
7 AGE   It LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at	
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or amployer)	Ouration) yrs mos ds.	
9 BIRTHPLACE (State or country) Maryland	Gontributory Secondary  (Duration) yrs mos ds.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was disease contracted,	
(Informant) Rose of Tyson (Address) North East R. F.D. #1.	It not at place of death?  Former cr usual residence.  19 PLACE OF BURIAL OR REMOVA PLACE OF BURIAL	
Filed Soft 14, 1915 logish Biadle REGISTRAR	Hopewell Comely Soft 5, 1915 20 UNBERTAKER  H M Pierson worth Eart med	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin

childbirth or miscarriage as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of sknll, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopncumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUNS.

HYSICIANS statement of	Cour	PLACE OF DEATH  1547	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 96
Exact	Villa	go or City Port Dissah Md. (No. 2 FULL NAME Robert Swory McCh	St; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.
Siffed.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
item of information should be carefully supplied. AGE should be stated Estate CAUSE OF DEATH in plain terms, so that it may be properly classificATION is very important. See instructions on back of certificate.	3 SE	WIDOWED widowed	16 DATE OF DEATH Sept. 27 (Month) (Day) , 191
	6 DA	April 16 (Month) (Day) (Year)	that I last saw h walive on Mar 2 7 191
	7 AG		and that death occurred on the date stated above, at 2. The CAUSE OF DEATH * was as follows:
	pa (a	GCUPATION 1) Trade, profession, or Propulation of Granding quarry 1) General nature of industry siness, or establishment in ich employed (or employer)	Cystilis Chronic neplentis 9  (Buration) 2 yrs 6 mag,
	9 8	(State or country) were Port DEposit, Md	Secondary Wrence and delelele
	RENTS	10 NAME OF FATHER Ebeu Ezer Dickey McChinaha  11 BIRTHPLACE OF FATHER (State or country) Cecil Country Med  12 MAIDEN NAME	
	PA	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  Af place in the effect yes. mee. de. State, yes. mos.
	14 TI	(Informant) Roy Perry McChushian	If not at place of death?  Former or  usual residence
Should Should OCCUP	15 FI	ed Afring -, 1915 St. Cameron REGISTRAR	est notting ham Convolery Sept 29, 191. S  20 UNDERTAKER  Lac Jason Bleethettell
Z		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telunus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or misearriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracınia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere nephrilis, etc. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonilis," etc. symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-State cause for which wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 5 1915 BUREAU, V.S.

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should is OCCUPATION PHYSICIANS statement EXACTLY. classified. v properly pe may certificate. 20 50 back terms, UO ATH in plain Instructions DEATH Jo Item OF mportant. Every Ite

STATE OF MARYLAND 1 PLACE OF DEATH 5476 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred le .Ward) a hospifal or Institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, Massi WIDOWED. (Write the word) I HEREBY CERTIF That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH \* was as follows: mos. Z OR ..... min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment lo (Duration) which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State ..... yrs. \_\_ ds. Where was disease contracted. 14 THE MOVE IS TRUE TO THE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) -15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the household only (not paid Housekeeper's minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. As examples: Statement of occupation-Preelse statement of occupaany to know (a) the kind of work and also (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carctive

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvutar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name orlgin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all discases resulting from "Seuilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Decil	CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 93
and he	
Village or City 13/a ft (No,	St.;Ward) [If death occurred in a hospitat or institution,
0117	give its NAME Instead
2 FULL NAME Robert May	ckey of street and number.]
BERCONN IND CONTROL OF THE PROPERTY OF THE PRO	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Widower	16 DATE OF DEATH September 28th 19164
male, White, ORDINGRED (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from
mar. 15- 1827	DIDES 1915 to Dept & July 191 5.
(Month) (Day (Year)	that I last saw handalive on Sept Tato, 1910
7 AGE If LESS than	and that death occurred on the date stated above, at 91.300m,
78 yrs 6 mos /3 ds. 0R min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Muhal regungelation.
(a) Trade, profession, or Theelwright	una artini Erlenou
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Ouration) 3 yrs mos ds.
9 BIRTHPLACE	Contributory 2222
(State or country)	Secondary
10 NAME OF	(Dorafion) yrs mos ds,
FATHER David Mackey	(S/gned) To Jord, M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	Jept 29, 1910 (Address) horris Ceast Ma
(State or country) Unknown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDENT OF HOMOGRAPHY
M 12 MAIDEN NAME OF MOTHER OF MOTHER	and, belletan, of Hosticidan.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
OF MOTHER (State or country)	Af place to the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Farvey H. Maskey	tf not at place of death?
(IIIII) (IIIII)	usuat residence
(Address) (Address) #	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Rosebank Md Och 1,1915
Filed, 191	20 UNDERTAKER ADDRESS
REGISTRAR	13. C. Mason Jollingham
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	R.In

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write Nonc. eated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonacum, etc., Carcin-

injnry, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL peritonitis," childbirth or misearrlage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for "Exhaustlon," For vio-



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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-Housemaid, etc. If the occupation has been changed know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil ser, Stationary fireman, etc. But in many cases, Locomotive engineer, If retired from without more "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenperal septichaemia," Always qualify all diseases resulting from ehildby railway train-accident; Revolver wound The contributory (secondary or intercur-State eause for which Never report mere



		N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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	2	ANS	
<b>)</b> (	COR	YSICI	
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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	TLY.	
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T.	UNF	Information should be carefully supplied. AGE EATH in plain terms, so that it may be properly instructions on back of certificate.	
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	3	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mainportant. See instructions on back of certificate.	
+ :		AUSI	
V. S. No. 1.		N. B.—Ever	
V.		z	

PLACE OF DEATH 15479	STATE OF MARYLAND
County & Esil	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or Gity Sems ville (No.	[It death occurred in
(No.	St.; Ward) a hospital or lostitution, give its NAME instead
2FULL NAME (Reyander	mitchell of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
mal noit MARRIED, Widower	Month) (Day (Year)
ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Ohril 29 1835	aug 2 6 4 , 1915, to Sept. 5 , 1916.
(Month) (Day (Year)	that Mast saw hassaalive on Salpf. 5 1915
7 AGE It LESS than	and that death occurred on the date stated above, at Jakaa.m.
8 0 yrs. 4 mos 1 day,hrs. OR min.?	The CAUSE OF DEATH* was as follows:
FOCCUPATION MAL 10 5	
(a) Trada, profession, or tetine for our Merchany	(Incina las Toris
(b) General nature of Industry, business, or establishment in	(Duration) 4 vrs. mos ds.
which employed (or employer)	(
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF 1	(Duration) yrs mos ds.
FATHER alane H. Mitchell	(Signey) J. Magraw Jes M. O.
OF FATHER	Japan S 1915 (Address) Emporella
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPYACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the
	of death yrs mos ds. State yrs mos ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place or death? A august Row Essey
(Informanty)	Former or Blansfill new Jersens.
Orgoness 1 19 A Manfield 119	19 PLACE OF BURIAL OR KEMOVAL DATE OF BURIAL
16	West Gottingham Cemetory Sefet - 7. 181.5
Filed Th 6 191 Sty Columns	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) "Foreman," The (d)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid fneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

S. No. 1.

N. B.

PLACE OF DEATH

County Cecil 15480 (6)	CERTIFICATE OF DEATH
Village or City Frollulast (No. 2 Prull	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fencele While (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
Gionth) (Day) (Year)	Lept, 7, 1915, to Sept 7, 1915, that I last aaw her allve on Sept 7, 1915
TAGE  It LESS than 1 day,hrs. OCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 9 P. m. The CAUSE OF DEATH* was as follows:  Orrupaspinal Jewer.
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  (Seil Co Ind	(Ouration) yrs. mos 3 ds.  Contributory (Secondary)
DI NAME OF FATHER John Pruller  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Signed)
of MOTHER Mary, Roulestan  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLDGE	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death?
(Informant).  (Address) 403 Dunben aleg  15  Filed Sept 9 1915 Lagial Biadle  REGISTRAR	USUAL RESIDENCE  19 PLACE OF BURIAL OR REMOVAL  LOR CH. GAST  20 UNDERTAKER  10 PLESON  ADDRESS  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Regis trar, 6 1	B. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

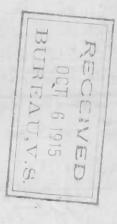


[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid definite pheumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purrperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," ample: Measles (disease causing death), 29 ds.: such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. -Kart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as . Narcoma. etc., of \_\_\_\_\_\_ (name origin; "Can-is icss definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for Examples: For vio-



RD	CTLY. PHYSICIAMS	Village or City/Privile (No. ,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.]
MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXAC should state CAUSE OF DEATH in plain terms, so that it may be properly classified OCCUPATION is very important. See instructions on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, MIGHE OF DIVORCED (Write the word)  7 AGE  5 DATE OF BIRTH  (Month)  (Day)  7 AGE  16 LESS than 1 day, hrs. OR min.?  6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of iodustry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TROCOTHE BEST OF MY KNOWLEDGE  (Address) FUNCLA From MAIN  (ADDRESS FUNCLA FROM	MEDICAL CERTIFICATE OF DEATH  18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  191., to, 191., that I last saw h. allve on, 191., and that death occurred on the date stated above, at // m. The CAUSE OF DEATH * was as follows:  Clicklewial drowning  Childewial drowning  (Burstion)  (Burstion)  (Signed)  (Burstion)  (State the DISPASSE CAUSING DEATH, or, in deaths from VIOLKINT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal (1) Means of INJURY; and (2) whether Accidental, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECE
J'E'N	N.	Filed 9/20/15, 191 L. J. Jacobs.  REGISTRAR  If more blanks are needed, address State Registrar,	20 UNDERTAKER ADDRESS  16 W. Saratoga St., Batto., Requesting V. S. No. 1.

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N

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupabble factory. The material worked on may form part the second statement. Never return "Laborer," For persons who have no oeeupation whatever, Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "PUERPERAL septichaemia," The contributory (secondary or intercur-State cause for which Never report mere



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

PERMANENT RECORD

PHYSICIANS should state of OCCUPATION Is very	Village or City Name Samuel e Par	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
. t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
is stated EXACTLY.	Anale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEO (Write the word)  6 DATE OF BIRTH  Nearch 1914	16 DATE OF DEATH  (Nouth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191 5, to September 191 5, to Septem
AGE should be si properly classified.	(Month) (Day (Year)  7 AGE    If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at 743 Pm The CAUSE OF DEATH* was as follows:
that it may be certificate.	(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Possibly parallel parallel	(Duration) yrs mos ds.  Contributory Secondary
nformation should be carefu ITH in plain terms, so that instructions on back of certi	10 NAME OF FATHER SAMUEL Batchell  11 BIRTHPLACE OF FATHER (State or country) Wilmington Sel  12 MAIDEN NAME OF MOTHER PEARL CAMPON  13 BIRTHPLACE	(Signed)
N. B.—Every Item of Inform CAUSE OF DEATH I Important, See Instru	OF MOTHER (State or country) Cecil Countly Med  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Alrean cler Rich Patrice  (Address) North East cecil co ma  15  Filed Sept 21, 191 Search Biddle  Free REGISTRAN	At place of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, find at place of death?  Former or usual residence.  19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL  APORESS  20 UNDERTAKER  ADORESS  ADORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



#### [Approved by U. S. Census and American Public Health CERTIFICATE OF DEATH

Association.]

cated thus: causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Furm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. 'Never return "Laborer," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mitl; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons Satesman, "Foreman," The

lesis of lungs, meninges, peritonaeum, etc., Carcinpnenmonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: Cerebrospinal ("Pncumonia," unqualified, is indefinite): Tubercu-"Croup";) hrospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection uced not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Consuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbotic acid-probably snicidc. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of or homicidal, or as probably Never report Ex-Of

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

BUREAU, V.S. RECEIVED OCT, 6 1915

1 PLACE OF DEATH	STATE OF MARYLAND
County Club	CERTIFICATE OF DEATH
	Registered No.
Village or Cipleryhlu (No.)	St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME TOSEPON TOUGH	vuscus
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOF OR RACE SINGLE, MARRIED, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED	16 DATE OF DEATH Supt- 18, 1915 -
Male Willi ORDIVORCED (Write the word)	Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH UMKNOWN , 1895	, 191 , to, 191 ,
(Month) (Day) (Year)	that I last saw h alive on, 191
7 AGE It LESS than 1 day, hrs.	and that death occurred on the date stated above, at
Jb yrs. mos. ds. OR min.?	De cidental drowning by Sinking
(a) Trade, profession, or Place Smith	of boor, Cause Whiknown,
(b) General nature of industry, business, or establishment in A	(Bundler)
which employed (or employer) by here quarry	(Ouration) yrsmos, ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Ouration) yrs mos ds.
10 NAME OF FATHER AMERICA ROBINS IN	(Signed) 11 12 P. Dran Coroner
11 BIRTHPLACE	Sep 22, 1915 (Addross) Colhton M. D.
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother has thour	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant) Days of ginaldi	Former or usual residence
(Address) Lavie Degrace.	Have de Grage The State of Burial
15 9/22/15 101 L. G. Dayfor.	COUNDERTAKER) L. ADDRESS.
FILED 1911 REGISTRAR	Leea. Vatterson Verynle (Ind
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/



[Approyed by U. S. Census and American Public Health

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Oivil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not for many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("Pupeumonia," unqualified, is indefinite); Tuberculesia of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma, etc., of ... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head ... (name origin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECUESTS OCT 519, BUREAU =

1 PLACE OF DEATH	STATE OF MARYLAND
County our 15484	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City City Sur (Nous).	St.; Ward)  [it death occorred in a hospital or institution, give its NAME instead
81	of street and number.
FULL NAME COUL	Bezualds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unde le Lite 5 single, MARRIED, MODINORCED (Write the word)	16 DATE OF DEATH Seft 5 ,1915 (Year)
DATE OF BIRTH . ,	17 I HEREBY GERTIFY, That I attended deceased from
3 4 1837	1915 to fish 4 , 1916
(Month) (Day (Year)	that I last saw har alive on Alph 4 ,1915.
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 8 a m
yrs 6 mos ds OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, protession, or	Scrtu,
particular kind of work	Dout Tenow how long durch
business, or establishment in	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory July
(State or country) Grangland	Secondary (Doration) yrs mos ds
10 NAME OF Training Premarks	(Signed) B. Shen M. D.
OF FATHER (State or country) Waryland	Sight 7, 1915 (Address) Resure Sure Victoria
12 MAIDEN NAME OF MOTHER Phaels	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Swants Brown	If not at place of death?  Former or  usual residence.
(Address) Chollwaghain a Pa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
7 Fjled	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are cugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fevor (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcaslcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, If impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-





[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be write None. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery iniportant, so that the relative healthful-For persons who have no occupation whatever, As examples: (o) Spinner, (b) Cotton Locomotive engineer, Civil (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia, meningitis"); Tuberculosis of lungs, meningularities, is indefinite); Tuberculosis of lungs, meningularities.

on statement of eause of death approved by Committee "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Weakness," mus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from ehild-The contributory (secondary or intercur-Never report mere ACCIDENTAL, nound



1 PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of PHYSICIAN CERTIFICATE OF DEATH Registration Dist. No. If death accurred in Village or City. Ward) a hospital or institution. give its NAME instead ZX. of street and number. RECORD EXACT classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE. 16 DATE OF DEATH stated MARRIED, PERMANENT WIDDWED OR DIVORCED (Month) (Day) properly (Write the word) certificate I HEREBY CERTIFY, That I attended deceased from -eq 6 DATE OF BIRTH 191 ..... to should 99 (Year) 7 AGE If LESS than 10 may ath occurred on the date stated above, at ы 1 day, hrs. ck G mln.? 4 mos. that 8 OCCUPATION piled. 0 (a) Trade, profession, or particular kind of 00 S. So instructi terms business, or establishment UNFADING fully which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 6 05 9 D. O 10 NAME OF 0 FATHER Q 23 Dino TH I portant I (A) 11 BIRTHPLACE ENT OF FATHER V \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) VI [1.] CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 0 12 MAIDEN NAME C 4 OF MOTHER BIL mati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 ery ш 13 BIRTHPLACE of inform At place In the OF MOTHER of death State. Where was disease contracted, If nel al place of death? Destate C Former or usual residence 15 ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Collon ciun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question of the second statement. mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the Statement of Occupation-Precise statement of occupa--Coal minc, etc. Women at home, who are engaged in is very important, so that the relative healthful-For persons who have no occupation whatever etc. The material worked on may form part If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningitism, is indefinite); Tuberculosis of lungs, meningularity

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated "PUERPERAL perilonilis," etc. State cause for which birth or misearriage eause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronto determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Marasby railway The contributory (secondary or intercurtrain-accident; Revolver as "Puerperal septichaemia," Never report mere mound



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STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. fif death occurred in .....Ward) a hospital or lostitution. give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, married WIDOWED. (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month (Day (Year) TAGE If LESS than 1 day hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory... Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death (State or country) State ..... yrs. \_\_\_\_\_ yrs. \_\_\_\_ mos. .. \_ ds. Where was disease contracted, if not at place of death? Former or usoal residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. eated thus: causing death, state occupation at beginning of illbeen chauged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

lesis of lungs, meninges, peritonacum, etc., Carcinpneumonia"); Lobar pncumonia; Bronchopncumonia ("Pneumonia," unquallfied, is indefinite): Tubercu-"Croup";) Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avold use of fever (the only definite synonym is "Epidemle cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE

> affection need not be stated unless important. thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastcs (disease causing death), 29 ds.; ratvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," eause of death approved by Committee on Nomenclaschsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-Ail the data is essential and must be obtained before

BUREAU, V.S.

Very OCCUPATION cla properly 90 back ATH In piair instructions r DEAT See item F mportant. CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... If death occurred la Village or City St.:....Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. MARRIED, WIDOWEO, (Month) (Day ORDIVDRCEO (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State of country) State the DISEASE CAUSING DEATH, or, in deaths from LIDLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. State Where was disease contracted, if not at place of death? Former other usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF 15 meno 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 4.

REGISTRAR



[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many "Foreman,"

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cause of death approved by Committee on Nomenclamia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUNY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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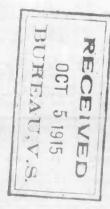
1 PLACE\_OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Cwil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Locomotive engineer, If retired from

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V. S. No. 1.

N. B.-

#### Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 15490

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City West Aleds, (No	Registration Dist. No. 97  St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its MAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WISOWED, WISOWED, OR ONVORCED (Write the word)  B DATE OF BIRTH    Aug 24  191	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  [191, to
Month (Day (Year)  7 AGE    If LESS th the day, the day, the day, the day, the day of the day, the day of the day, the day, the day, the day of the d	and that death occurred on the date stated above, at 3 mm. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER WITHOUT WESLEY  11 BIRTHPLACE OF FATHER (State or country) MANUAL STATES  12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OT MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place to the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?
(Address) Siles MARDI  16 Sept 21 1915 Frank Frank	19 PLACE OF BURIAL OR REMOVAL  LUCAT JULI  20 UNDERTAKER  LUCATION  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.].

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Furm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic IENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. ctc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



PLACE OF DEATH	STATE OF MARYLAND
County Perce	CERTIFICATE OF DEATH
600	7/ / Registration Dist. No.
Village or City Celator (No. M.	m Hoshila Ward) Ill death occurred in
	give its NAME instead
2 FULL NAME Honey H Wilk	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Married	16 DATE OF DEATH
male Collard OR DIVORCED OR DIVORCED OR DIVORCED	Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Geto 6 1883	, 191 , to , 191
(Month) (Day) (Year)  AGE - If LESS than	
31 - 11 9 1 dayhrs.	and that death occurred on the date stated above, at
yrs. mos. ds. OR mia.?	The CAUSE OF DEATH ! was as follows:
a Occupation (a) Trade, profession, or	A abdoner - Interior
particular kind of work and of control (b) General nature of industry	Muleutin Operation
business, or establishment in	(Duration) yrs. mos. ds
which employed (or employer)	Contributory Tomo Endel
(State or country) Markand	Secondary
TO NAME OF	Wind Will and Grower -
o undrew withou	- All LIG 1915 (Address) Chron m D
I BIRTHPLACE OF FATHER (State or country)  Mandon Of	*State the DISEASE CAUSING DEATH, for, in deaths from VIOLENT
II 12 MAIDEN NAME OF MOTHER /	CAUSES, state: (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
a Jarohy of ander	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ef death yrsmes. 3 de. Stale,yrsmos, de
14 THE ABOVE (S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) anna B. Dashiell	Former or Cearly 724
(miorimany)	usua) residence
(Address) Asterville My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	2) UNDERTANTE OF A PARTY FADORESS
Filed	lathor all
If more blanks are needed, address State Registrar	16 W. Saratoga St., Balw., Requesting V. S. No. 1.

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state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mill; (o) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septicharmia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. by railway train-accident; Revolver wound of Examples: Accidental drowning; State cause for which Never report mere "Exhaustion,"

